AMENDMENT TRANSMITTAL LETTER					Docket No. 21400/0209952-US
Application No.		Filing Date		Examiner	Art Unit
10/689,767-Co	onf. #4545	October 2	0, 2003	J. Lamprech	nt 3737
plicant(s): Mar	k Hamm et al.				
ention: TRANS	DUCER/SENS	OR ASSEMB	LY		
	TC	THE COMMI	SSIONER FO	OR PATENTS	
ransmitted here	with is a Respo	onse in the abo	ve-identified	application.	
he fee has beer	calculated an	d is transmitte	d as shown b	elow.	
			S AS AMEN	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	30	- 35 =	0	x 52.00	0.00
Independent Claims	3	- 3 =	0	x 220.00	0.00
TOTAL ADDIT	IONAL FEE F	OR THIS AME	NDMENT:		0.00
v Large Entity				Small Entity	
x Large Entity		d for this ame	ndment.	Small Entity	
x No additions	al fee is require				
x No additional	al fee is require ge Deposit Acc	count No	i	n the amount of \$	
x No additiona Please char A check in ti	al fee is require ge Deposit Acc he amount of \$	count No	to cover	n the amount of \$	
x No additional Please char A check in ti	al fee is require ge Deposit Acc he amount of \$ credit card. F r is hereby auti	count No	to cover	n the amount of \$	. closed.
x No additional Please char A check in ti Payment by X The Director as described	al fee is require ge Deposit Acc he amount of \$ credit card. F r is hereby auti	orm PTO-2038	to cover	n the amount of \$	. closed.
No additional Please char A check in ti Payment by The Director as described X Credit a	al fee is require ge Deposit Acc he amount of \$ credit card. F r is hereby auti d below. nny overpayme	orm PTO-2038	to cover is attached.	in the amount of \$ the filing fee is end t Deposit Account N	. closed.
x No additiona Please char A check in ti Payment by The Director as described x Credit a	al fee is require ge Deposit Acc he amount of \$ credit card. F r is hereby auti d below. nny overpayme	orm PTO-2038	to cover is attached.	n the amount of \$ the filing fee is end t Deposit Account N fees required under	losed.  10. 04-0100 37 CFR 1.16 and 1.17
No additional Please char A check in ti Payment by The Director as described X Credit a	al fee is require ge Deposit Acc he amount of \$ credit card. F r is hereby auti d below. iny overpayme any additional fi	count No form PTO-2036 norized to char nt.	to cover is attached.	n the amount of \$ the filing fee is end t Deposit Account N fees required under	